## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING PROPERTY FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State 1776 NOV -8 AH 8: 48 REINSTATEMENT **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA **DOCUMENT #** P95000074529 1. Corporation Name BRANDS HATCH REALTY, INC. Principal Place of Business Malling Address SUITE 711 SUNBANK PLAZA SUITE 711 SUNBANK PLAZA 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE **CORAL GABLES FL 33134** CORAL GABLES FL 33134 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Malling Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0702191 Not Applicable Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) CONTRACTOR Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zio P/S/ Suite 711, SunTrust Plaza T/D Ricardo Vadia 201 Alhambra Circle Coral Gables, FL 33134 200002005392--11/15/96-01008-015 \*\*\*\*375.00 \*\*\*\*375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent (1997) ZERO 34 REGISTRATION CORP. Street Address (P.O. Box Number la Not Acceptable) SUITE 711 SUNBANK PLAZA 201 ALHAMBRA CIRCLE Suite, Apt. #, Etc. A THEORY CORAL GABLES FL 33134 State Zip Code 10. I, being appointed i ed corporation, arm familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent November 1996 REGISTERED AGENT MUST SIGN (See other side for information on intangible tax.) 11: Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.

12. I cartify that I am an officer or pirector or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S. that all fees owed by the corporation have been paid and the names of individuals stated on this form do not qualify for an exemption under section 119,07(3)(II), F.S. The information indicated on this application is true and accurate, and physiqual respectively as the same legal effect as if made under oath.

Yes l

SIGNATURE:

President

(305) 441-1776 Deviims Phone #